

Wisconsin Department of Safety and Professional Services

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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS, AND PROFESSIONAL LAND SURVEYORS

DESIGNER OF ENGINEERING SYSTEMS APPLICANT APPRAISAL FORM

Applicant's Name:	<input type="text"/>
Date of Birth:	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Field or Subfield:	<input type="checkbox"/> Electrical <input type="checkbox"/> Fire Protection <input type="checkbox"/> HVAC <input type="checkbox"/> Plumbing <input type="checkbox"/> Private Sewage Systems

Note to Applicant: Provide replies from three (3) references having personal knowledge of your experience, one of whom is a Registered Architect, Professional Engineer, or holds a permit as a Designer of Engineering Systems. Family members can act as supplemental references in support of an application, but not as one of the three (3) required responses. Type or print your name in the box at the top of each form prior to distribution. **Forms must be forwarded by you to this office with your application.**

Instructions: The applicant named above has applied for a permit as a Designer of Engineering Systems to practice in the State of Wisconsin. To assist the Board in reviewing the applicant, we would appreciate your appraisal of the applicant's proficiency as requested below.

1. **I know this applicant:** ☐ Very Well ☐ Well ☐ Slightly ☐ Not at all

2. **My contacts with the applicant extend:** **From:** / / **To:** / /

3. **These contacts were:** (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> As an associate | <input type="checkbox"/> As a student in my classes |
| <input type="checkbox"/> In social or community affairs | <input type="checkbox"/> In professional society activities |
| <input type="checkbox"/> Other (specify) | <input type="text"/> |

4. **I am familiar with the applicant's work at:** (name of company)

5. **Describe the principal duties performed by the applicant:**

To qualify for licensure, an applicant must have sufficient knowledge and experience. To assist the Board in evaluating this applicant, please indicate whether the applicant has entry level competence in each of the practice areas by placing an "X" in one of the three boxes, i.e., Yes, No, or UK (unknown).

	<u>Yes</u>	<u>No</u>	<u>UK</u>	<u>Required Areas of Experience</u> (Research and Development /Design)
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Problem identification, including consideration of alternative approaches to problems solving
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Planning, including selecting a practical or reasonable approach
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Execution of plan, including completing design calculations
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interpreting and reporting results
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Definition of safety, health and environmental constraints
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Selection of materials and components
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Production of final designs
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preparation of detailed working drawings
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaluation of design solution for adherence to laws and codes and obtain approval

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- | | <u>Yes</u> | <u>No</u> | <u>UK</u> | <u>Other Areas of Experience</u> (Other Design/Construction/Maintenance) |
|-----|--------------------------|--------------------------|--------------------------|--|
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Identification of design objectives |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Definition of performance specifications, and functional requirements, such as materials and energy balances |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Construction phase: Observation |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Characteristics of all key materials |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparation of designs, layouts, and systems diagrams |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparation of supporting technical information |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparation of bid documents, including conducting a contract evaluation |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparation of specifications and data sheets |
| 23. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Interaction with professionals from other areas of work |
| 24. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultation with contractors, suppliers and installers |
| 25. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Observation of installed equipment and material for conformity to specifications |
| 26. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assistance in design implementation construction |
| 27. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Revision of design as required including record drawings and specification |
| 28. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Certification in completing and testing |
| 29. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Provision of field service assistance |
| 30. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reviewing of completed work |
| 31. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Development of preventative maintenance schedules |

32. Provide any information or knowledge that you have of this applicant that would assist the Board in determining the applicant's competency to practice the design of engineering systems. (Attach additional sheets if necessary.)

33. In my opinion, this applicant is qualified to hold a permit as a Designer of Engineering Systems. ☐ Yes ☐ No

34. The information on this form is being submitted by:

Name

Firm

Title/Position

Address (street, city, state, zip)

Daytime Telephone Number

-

Signature

Date

/

/

Affix seal or
Indicate where registered, type of profession, and
registration number below: (if applicable)